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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/785,207
Filing Date	02/24/2004
First Named Inventor	Shanta Modak
Art Unit	1616
Examiner Name	A. Soroush
Attorney Docket Number	070050.2534

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

Fee Transmittal Form
 Fee Attached

Amendment/Reply
 After Final
 Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete Application
 Reply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation
 Change of Correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____
 Landscape Table on CD

After Allowance Communication to TC
 Appeal Communication to Board of Appeals and Interferences
 Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Baker Botts L.L.P.

Signature

Sandra Lee

Printed name

Sandra S. Lee

Date

12/18/2008

Reg. No.

51,932

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Date

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is promised by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0)

Complete if Known

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number **02-4377**
Deposit Account Name **Baker Botts L.L.P.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

ADDITIONAL FEES

- Surcharge - late oath or filing fee
- Non-English Specification
- Extension for reply within first month
- Extension for reply within second month
- Extension for reply within third month
- Extension for reply within fourth month
- Extension for reply within fifth month
- Notice of Appeal
- Filing a brief in support of an appeal
- Petition to revive - unavoidable
- Petition to revive - unintentional
- Utility Issue Fee
- Design Issue Fee
- Publication Fee
- Petitions to the Commissioner
- Request for Continued Examination (RCE)
- Information Disclosure Statement (IDS)

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text"/>	x 26 =	\$0
Independent Claims	<input type="text"/>	x 110 =	\$0
Multiple Dependent	<input type="text"/>	=	\$0

SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

Other fee -

SUBTOTAL (\$ 0)

(Complete if applicable)

Name (Print/Type)	Sandra S. Lee	Registration No. (Attorney/Agent)	51,932	Telephone	212-408-2500
Signature	<i>Sandra Lee</i>			Date	12/18/2008

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-203B.

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